PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

OV VBR

FILED
02 OCT 28 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 485420

1. Corporation Name

JOSEPH W. TENHAGEN GEMSTONES, INC.

Principal Place of Business	Mailing Address
36 N.E. 1ST ST. #419 MIAMI FL 33132	36 N.E. 1ST ST. #419 MIAMI FL 33132

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1975

5. FEI Number: 59-1615887 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TENHAGEN, JOSEPH W	7324 S.W. 134TH COURT	MIAMI FL 33183

100008638441
10/28/02--01133--017 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TENHAGEN, JOSEPH W 36 N.E. 1ST ST #419 MIAMI FL 33132	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10-23-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED JOSEPH W. TENHAGEN — 10-23-02 — 305-374-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSEPH W. TENHAGEN GEMSTONES, INC.

36 N.E. First Street, Suite 419
Miami, Florida 33132
Phone 305-374-2411 ◆ Fax 305-374-2413
E-Mail: joeten@bellsouth.net

October 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Notice of Administrative Dissolution or Revocation

To Whom It May Concern:

Please be advised that I have not received the (USB) uniform business report. I apologize for any confusion this may have caused.

Sincerely

Joseph W. Tenhagen

Joseph W. Tenhagen